



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Hypertension Clinic Consult Request

Date:			
Patient Name:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth:		Phone Number:	
OHIP:	- - - - - VC: - - - - -		
Patient Address:			Postal Code: - - - - -

Reason for referral

- ☐ Uncontrolled hypertension in young people (<40 years)
- ☐ Uncontrolled hypertension despite 3 or more agents at maximally tolerated doses
- ☐ High suspicion for secondary causes of hypertension
- ☐ Uncontrolled hypertension due to multiple drug intolerance
- ☐ Uncontrolled hypertension as the primary issue in patients with established atherosclerotic cardiovascular disease not already followed by a cardiologist. Patients already followed by a cardiologist will not be accepted unless they meet another criteria.

Clinical Details

Referring Physician

Physician Name:			
Phone Number:		Fax Number:	
Office Address:			Postal Code: - - - - -
Physician Billing Number:			
Physician Signature:			

FAX TO: 613 696 7125